



City of Miramar
An Equal Opportunity Employer

Mayor

Wayne M. Messam

City Commission

Winston F. Barnes

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Yvette Colbourne

Darline B. Riggs

**"We're at
the Center of Everything"**

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

Re: Business Tax (Child Care Home)

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to get a City Business Tax Receipt.

Step 1: Complete the enclosed 6 page application and return it with the requirements listed below.

Business Tax Requirements:

1. Photocopy of applicant's Florida Driver's License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of Training Certificates from State of Florida (30 Hour Training, CPR & First Aid)
4. Photocopy of Tax Identification Number form from the IRS or Photocopy of owner's Social Security Card.
5. Photocopy of Homeowners Insurance Policy.
6. Photocopy of Completed Fire Inspection by City of Miramar Fire, Life and Safety Department.

Mail or return all requirements together to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

City of Miramar
2300 Civic Center Place
Miramar, Florida 33025

Business Tax Receipt Application for Child Care (Home)

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. All information on this application must be accurately and in its entirety. The City of Miramar will conduct a criminal history background check on the applicant. Your failure to answer all the questions in its entirety will result in the denial of the license under Chapter 11, Miramar City Code. This application must be **signed by the applicant and notarized**. All necessary photocopies will need to be made by the applicant. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Address: _____
(zip)

Phone No: (____) _____ Form of Business: () Individual () Partnership

If your form of business is a partnership we will need to have your partner's information. (Photocopy of Driver's License, Photocopy of Training Certificates, and a \$25.00 Background Check fee.)

Describe your business operations in detail: (please list all services provided)

Are you the owner of this property? YES ___ NO ___ If no, please provide us with a copy your residential lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a childcare from the property and all of the owner(s) contact information. The letter must be signed and notarized by all owners)

Home-Based Child Care Business Tax Receipt Application continued

Number of children: _____

Number of Infants _____ Number of Preschool _____ Number of School-Age _____

Hours of Operation _____

How many employees are working at the child care? (Including yourself as one)

No. of Employees:

_____/_____
(Full-time) (Part-time)

Are any of these employees not a member of your immediate family?

YES _____ NO _____

How many employees will be traveling to your home? _____

Please attach a photocopy of any training certificates for all your employees.

Each Employee must have:

1. A completed Background Check Request Form
2. First Aid Training Certificate
3. Infant & Child Cardiopulmonary Resuscitation (CPR) Certificate
4. 30 Hour Family Child Care Home Training Certificate

Business Tax Receipt Application for Child Care (Home) continued

Operator's Full Name: _____

Operators Current Address: _____
(city) (zip)

Date of Birth: _____ Soc. Sec. No: _____

Driver's License No: _____
(Must have a valid State of Florida License or Identification Card)

Mailing Address, if different: _____

Operators email address: _____

Please list all family members residing in the home where the family child care is located.

Name (first, middle(maiden), last)	Sex	Date of Birth	Social Security Number

Business Tax Receipt Application for Child Care (Home) continued

Please be advised that the City of Miramar relies upon the accuracy of your responses to the questions answered on this application in determining whether your Business Tax Receipt should be granted. If the City of Miramar determines that the Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City reserves the right to revoke your license, cite you with a Code Compliance violation or take appropriate action to bring your license into conformance with City regulation.

I have read and agree to the above terms and conditions. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar. I understand that I **MUST** have zoning approval **before** I start operating as a Home Child Care. I have answered all questions in this application fully, truthfully and correctly.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____.
Personally appeared _____ who is personally known or
produced identification. Type of Identification Produced _____

Signature of Notary

(SEAL)

If your license has been denied or if there is a dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR INTERDEPARTMENTAL USE ONLY (ZONING DEPARTMENT):

Please review this application and return it to the Business Tax Office.

Approved: _____

Denied: (State Reason) _____

Department Head or Designee

Date

Background Check Required Information

In accordance with the chapter 11, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License Number: _____

Sex: _____ **Race:** _____
(M or F) **Race Codes:** W = White; B=Black; I= American Indian, Indian, or
Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown
*** Indicate Hispanic persons as white or black based on skin color ***

Applicant's Current Home Address:

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____